

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 718

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6430

42793

State File No.

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Unionville
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community 25 years
years, months or days

3. (a) PRINT FULL NAME William Howard Fletcher

3. (b) If veteran, name war. 3. (c) Social Security No. 496-14-0665

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETTA MAY FLETCHER 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased April 6 - 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 7 If less than one day hr. min.

9. Birthplace BATHLEHAM Iowa (City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business Dry Goods - Retail

12. Name JAMES WESTLEY FLETCHER

13. Birthplace Green Castle Indiana (City, town, or county) (State or foreign country)

14. Maiden name MARTHA ALICE GILSPIC

15. Birthplace Green Castle Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. R. Gibson

(b) Address Unionville Mo

17. (a) 1941 (b) Date thereof April 15 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE MO R. M. Comstock

19. (a) Dec 15 1941 (b) J. W. Fullum (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam

(c) City or town Unionville (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. W. Fullum

Address Unionville Mo. Date signed 12-14-41

JAN 28 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-7

Date Filed JAN 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. M. Comstock

Licensed Embalmer No. 3891

P. O. Address

Unionville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.